



# Marijuana Indoor Grow Training Opportunity

**\$35.00**

*Registration*

*Fee covers*

*breaks, any*

*hand-out*

*materials, and*

*guaranteed*

*seating.*

**Free  
Tuition**

**Two-Day Course: November 29—30, 2010**

**Time: 8:30 am—4:30 pm (With sign-in beginning at 8:00 am)**

**Where: Ft. Wayne Police Department Training Center  
7602 Patriot Crossing  
Ft. Wayne, Indiana 46816**

- November 29 — 30, 2010
- Sign-In at 8:00 am
- Class 8:30am—4:30pm
- Located at the Ft. Wayne PD Training Center  
Ft. Wayne, Indiana
- Address: 7602 Patriot Crossing in Fort Wayne, Indiana 46816
- You **MUST** register in advance! No registrations at the door will be accepted.
- Use our on-line registration form or simply print the second page of this flyer; fax or mail the form to us. Fax number and address are contained in this flyer.



*Les Kjemhus*  
*Royal Canadian Mounted Police*

Les is a 30 year veteran of the Royal Canadian

Mounted Police and is recognized as an expert in the field of indoor cannabis cultivation investigations in North America. He has been an expert witness for both Canada and the United States. He has cultivated indoor marijuana under license for the RCMP numerous times to train investigators and in an undercover capacity. As a result, he has a very unique, “hands-on” experience with marijuana cultivation to share with law enforcement trainees.

**Hosted By: Ft. Wayne's Police Department**

Funded by ICJI...



American Recovery and Reinvestment Act of 2009 made this training possible!

Registration forms can be completed online at IDEA's website:

INDIANADEA.COM  
800-558-6620

Fax Registrations To:  
765-472-0852



Indiana Drug Enforcement Association: 1104 W. 200 N. Peru, IN 46970

# REGISTRATION FORM

## Marijuana Indoor Grow School

### Ft. Wayne, Indiana

Registration Deadline: **November 19, 2010**

Registration Fee: \$35.00

Name \_\_\_\_\_

Dept Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

☐ Check Enclosed ☐ Invoice My Department

☐ AMEX ☐ MC ☐ VS

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Complete billing address for card: \_\_\_\_\_

Include City, State, and Zip: \_\_\_\_\_

Register On-Line: [www.indianadea.com](http://www.indianadea.com)

Mail or Fax Registration To:

Indiana Drug Enforcement Association  
PO Box 1301  
Logansport, IN 46947  
FAX: 765-472-0852

Open to All Law Enforcement

Office: 800-558-6620

Gary Ashenfelter, Training Director

Cell Phone: 765-432-3203